

# REQUEST FOR TRAVEL ADVANCE

SHORELINE SCHOOL DISTRICT 412

Submit to Accounting Office **FIVE days** before check is needed

Name of Applicant \_\_\_\_\_ School/Dept. \_\_\_\_\_  
 Date of Request \_\_\_\_\_ Date check Needed \_\_\_\_\_  
 Date of Departure \_\_\_\_\_ Date of Return \_\_\_\_\_  
 Event Name \_\_\_\_\_  
 Event Location (city & State) \_\_\_\_\_

Are you traveling with students?      Yes    # of Students \_\_\_\_\_      No

**AMOUNT REQUESTED (Provide breakdown below):**      \$ \_\_\_\_\_

Transportation    \$ \_\_\_\_\_      Other (must describe below) \$ \_\_\_\_\_  
 Meals             \$ \_\_\_\_\_

Budget Number	GF			8 2 2 0				
	ASB	0 0	0 0 0 0		0 0 0 0	0 0 0 0	0	

PLEASE INDICATE BELOW FUNDS ALREADY REQUESTED:

Registration	\$ _____	PO No:	_____
Hotel Advance	\$ _____	PO No:	_____
Other	\$ _____	PO No:	_____

PLEASE NOTE: Completed Travel Expense Vouchers must be turned in to the Accounting Office within FIVE working days of your return.

**YOUR DUE DATE IS:** \_\_\_\_\_

By my signature, I hereby authorize the Shoreline School District 412 to make a payroll deduction in the amount of the unpaid Travel Advance, plus interest on unpaid amounts past due. (Per RCW 42.24.150)

Signature of Applicant: \_\_\_\_\_

School/Department Approval: \_\_\_\_\_  
Signature Date

Accounting Use Only

Approved Travel Request/PS 102      Date of Advance \_\_\_\_\_  
 Amount of Advance \_\_\_\_\_  
 Check Number \_\_\_\_\_